

MULTIPLE QUARTER ADJUSTMENT OF WORKER WAGES

YEAR _____

[illegible]

INSTRUCTIONS

MULTIPLE QUARTER ADJUSTMENT OF WORKER WAGES

This form should be used to report worker wages never reported before, to correct previously reported wages, or to transfer earnings from one employer unemployment insurance account to another. Please use an additional form for each additional year to be adjusted.

1. ALL EMPLOYERS MUST COMPLETE THIS SECTION

- , Employer Account Number — the current 9-digit unemployment insurance account number to which wages are to be reported.
- , List the name(s) of the owner, partners, or corporation.
- , Report the name doing business as (DBA) or the trade name of the business, if applicable.

2. THIS SECTION SHOULD ONLY BE COMPLETED IF WAGES WERE INCORRECTLY REPORTED UNDER ANOTHER ACCOUNT NUMBER.

- , Employer Account Number — the incorrect 9-digit unemployment insurance account number from which wages should be deleted.
- , List the name(s) of the owners, partners, or corporation.

3. EMPLOYEE SOCIAL SECURITY NUMBER

List the social security number of the worker. This **MUST** be present for either new wages or for correcting previously reported wages to be entered on the Colorado Unemployment Benefits System.

4. NAME OF EMPLOYEE

Please type or print the worker's name as a verification that the appropriate social security number has been listed for the correct person.

5. TOTAL GROSS WAGES PAID

Report the total gross wages paid in the calendar quarter. If correcting wages, do not report the difference. List only those employees whose wages require correction.

6. ACCOUNTING

Check the appropriate box for the following:

- , Using Form UETR-6 to file tax reports for unemployment insurance.
- , Using Form UETR-3 to adjust previously filed unemployment insurance tax reports.
- , Filing this form does not affect the amount of taxes previously filed and paid.

7. COMMENTS

Note any additional information that might be needed to clarify the reason for submitting this wage adjustment report.

8 through 11. PREPARER'S INFORMATION

This section is to be completed by the person actually completing and submitting this document. Please include phone number.